

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030904

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2237

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 25 1963

1. PLACE OF DEATH a. COUNTY Wellston ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis CLAYTON		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS (If outside, give location) 6160 Minerva Ave	

3. NAME OF DECEASED (Type or print) June Wea		4. DATE OF DEATH Month July Day 11 Year 1963	
5. SEX female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-10-28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13a. FATHER'S NAME Sherman Hill		14. NAME OF HUSBAND OR WIFE Thomas Wea	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		17. INFORMANT Thomas Wea 6160 Minerva Ave.	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Insufficiency (Bronchial Obstruction) DUE TO (b) HODEKIN'S SARCOMA DUE TO (c) 201X		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 6015. Brentwood, Clayton, Mo.	COUNTY St. Louis	STATE Mo.
21. I attended the deceased from July 7, 1963 to July 11, 1963 and last saw her alive on July 11, 1963 Death occurred at 4:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ch. H. H. H. (Degree or title)		22b. ADDRESS 6015. Brentwood, Clayton, Mo.	22c. DATE SIGNED 7-13-63

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7-16-63	23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	23d. LOCATION (City, town, or county) (State) Berkeley, St. Louis, Mo.
24. FUNERAL DIRECTOR Dement & Son		25. DATE RECD. BY LOCAL REG. 7-13-63	26. REGISTRAR'S SIGNATURE John B. Mumfery M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 4002
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed: St. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 W Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.